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For action

Recommendation for supplementary funding without a recommendation for funding from general resources**

Uganda

Summary

The present document contains a recommendation for supplementary funding for which no recommendation for funding from general resources is requested for the country programme of Uganda. The programme proposal submitted here is aimed at expanding or complementing an ongoing programme in the country concerned. The Executive Director *recommends* that the Executive Board approve supplementary funding in the amount of $11,967,300 for the health and water and environmental sanitation programmes, subject to the availability of specific-purpose contributions, for the year 2000.

* E/ICEF/1999/15

** The figures provided in the present document are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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The situation of children and women

1. According to the 1995 Uganda Demographic and Health Survey (DHS), some of the key social indicators have improved since 1989, although they still remain among the worst in the developing world. The infant mortality rate is now estimated at 97 per 1,000 live births, compared to 122 in 1991; the under-five mortality rate is reportedly 147 per 1,000 live births, down from 203 in 1991; and the maternal mortality ratio stands at 506 per 100,000 live births. In addition, over one third of children under 36 months old are stunted. Since the 1989 DHS, the proportion of children 3–35 months of age who are stunted has decreased by 16 per cent, while the proportion who are wasted has more than doubled, indicating a significant increase in vulnerability.

2. The HIV/AIDS pandemic, which has had a devastating impact on the country's social structure and economy, has plateaued in the past two years. Current estimates reveal that approximately 1.5 million Ugandans are infected with HIV. The percentage of the population infected with HIV in the worst affected areas has stabilized at around 30 per cent. According to the 1996 Ministry of Health report on the sexually transmitted disease/AIDS control programme, almost 8 per cent of the 48,312 reported AIDS cases at the end of 1995 involved children below 12 years of age; and although there is a 1:1 female-to-male ratio in overall cases, in the 15- to 19-year-old age group, there is a 1:6 male-to-female ratio. According to estimates by the Uganda Community-based Association for Child Welfare, some 120,000 children a year become orphans (defined in Uganda as having lost one or both parents) due to AIDS.

3. At the time of the development of the current country programme, Uganda was enjoying a level of security that it had not enjoyed since 1972. However, with increased internal disturbances in the north and turmoil in the neighbouring Democratic Republic of the Congo, insecurity has returned to the western part of Uganda.

Programme cooperation, 1995–2000

4. The country programme is designed to contribute to the achievement of the Uganda National Programme of Action for Children. Although issues of children's rights were not explicitly addressed in the design of the programme, they are enshrined in the major goals of the country programme:

(a) That all Ugandan children are born into a social environment that fully embraces their rights, is fully cognizant of their basic needs and makes all efforts to meet these needs with available resources;

(b) That, within their social environment, all Ugandan women and girl children enjoy equal rights as do males to development opportunities and are freed from all forms of discrimination.

Justification for additional funds

5. The UNICEF Executive Board approved the 1995–2000 Government of Uganda-UNICEF health and water/environmental sanitation (WES) programmes, with a total budget of $60.2 million ($32.8 million for health and $27.4 million for WES) in 1995 (E/ICEF/1995/P/L.13). Opportunities to accelerate implementation of these programmes include the decentralization process and the political stability which has created a favourable environment for fund-raising for programme activities. Furthermore, increased emphasis on building the capacity of districts to implement activities through the private sector, a favourable policy environment and innovative implementation arrangements have significantly increased the rate of programme implementation.

6. Negotiations for supplementary funds for the requested increase in the supplementary funding ceiling for the country programme of cooperation have already begun. A firm commitment has been received from the Swedish International Development Authority for 50 per cent of the funds requested for the WES programme, and negotiations have begun with the Government of the Netherlands and the United States Agency for International Development for the remaining funds. For the health programme, the Department for International Development (United Kingdom) and the Norwegian Agency for International Development have both indicated an interest in providing funds for the components presented under this request.

Health

7. Following Executive Board approval of the country programme in 1995, and beginning in 1996, the global effort to eradicate poliomyelitis was initiated. National Immunizations Days (NIDs), the strategic approach to polio eradication, have been very successful in achieving and maintaining optimal coverage for oral polio vaccine. Increased donor support for polio eradication has allowed

for a highly successful social mobilization campaign that has made NIDs a great success in Uganda. In 1998, vitamin A supplementation was coupled with polio immunization, and in one district, measles vaccination was also added, with very successful results (95 per cent coverage).

8. When the country programme was developed in 1993/94, efforts to eradicate poliomyelitis were not envisaged, and expenditures for NIDs were not included in the approved budget. As a result of the additional expenditures on NIDs for poliomyelitis eradication, the health programme has exceeded its approved budget ceiling. Therefore, to achieve the objectives of the health programme, as approved by the Executive Board, an additional amount of $7,467,300 is required for the year 2000.

Water and environmental sanitation

9. The Government of Uganda introduced its universal primary education (UPE) initiative in 1996. In 1997, in a process led by the WES programme, the Government re-examined its approach to sanitation, following the inclusion of improved sanitation in the President's Election Manifesto of 1996. As a result, the critical importance of the need to improve school sanitation was highlighted.

10. A major constraint to effective implementation has been insufficient capacity at the district level. Donors have been willing to provide additional resources to help build this capacity. Finally, two consolidated emergency appeals have been made for the Great Lakes Region; UNICEF is the lead agency in Uganda for both water and sanitation. It is expected that a third consolidated emergency appeal will be required for the year 2000. As a result of all of the above, the WES programme has already received commitments in excess of the approved budget.

11. To complete building the capacity required to continue to implement the WES programme in a sustainable manner, to take full advantage of the opportunity provided by UPE and to provide basic services for the internally displaced, the WES programme requires an additional amount of $4,500,000 for the year 2000.

Estimated annual expenditure

(In thousands of United States dollars)

	2000
Health	7 467.3
Water and environmental sanitation	4 500.0
Total	11 967.3